GET: U 7 2020

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation SEC OF STATE

| Return to. Secretary of State, 500 I  | 2. Capitol, Flette, 3D 37301-3   |                                  |  |
|---|----------------------------------|----------------------------------|--|
| 1. TITLE OF NEWSPAPER The Acmair Cha  | ricle                            | 2. DATE 9-8- TO                  |  |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS  | HED ANNUALLY 3B. ANN             | NUAL SUBSCRIPTION 35.0           |  |
| Weekly 57   | PRICE                            | \$ 32.86 + 2.14 tax              |  |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)  |                                  |                                  |  |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE  |                                  |                                  |  |
| DUDI ICHED AL ()  |                                  |                                  |  |
| 6. FULL NAME OF PUBLISHER: GLOSS, VOVE + FOR F (150)  |                                  |                                  |  |
|   |                                  |                                  |  |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the |                                  |                                  |  |
| names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name  |                                  |                                  |  |
| and address, as well as that of each individual must be given.  |                                  |                                  |  |
| FULL NAME COMPLETE MAILING ADDRESS  |                                  |                                  |  |
| Sack Page   |                                  |                                  |  |
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|   | MONTHS                           | MEAREST TO FILING DATE           |  |
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| State of South Dakota ) Sworn to before me this 8 day of 5ept., 20 20   |                                  |                                  |  |
| State of South Dakota )   | Wendy K. Willen                  |                                  |  |
| County of Dax XV. S   | Notary Public                    |                                  |  |
| 2   | My commission expires: ALAS 2024 |                                  |  |
| (Seal)  | May commission expires.          | 100/000/                         |  |

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